



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E422520**

INTERSTATE <input type="checkbox"/>	CITY STREET <input checked="" type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

TRIBAL RESERVATION ☐

CASE # **15-01161**

LOCAL AGENCY CODING **0664**

TOTAL # OF UNITS **02** OBJECT STRUCK ☐

DATE OF COLLISION **05** - **07** - **2015** TIME (2400) **0825** COUNTY # **31** MILES ☐ N ☐ E ☐ IN ☒ S ☐ W ☐ OF **0664**

ON (PRIMARY TRAFFIC WAY) INTERSECTION ☐ NON-INTERSECTION ☒
20 ST SE BLOCK NO. ☒ **7500** MILE POST ☐

DISTANCE **100** **00** MILES ☐ N ☐ E ☐ OF (REFERENCE OR CROSS STREET) **CAVELERO RD** FEET ☒ S ☐ W ☒

UNIT 01 MOTOR VEHICLE ☒ PEDAL-CYCLE ☐ DAMAGE THRESHOLD MET YES ☒ NO ☐ PHONE **D: 4253503655**

LAST NAME **SHIVELY** FIRST NAME **JENNIFER** MIDDLE INITIAL **M**

STREET NEW ADDRESS **11918 12 ST SE**

CITY **LAKE STEVENS** ST **WA** ZIP **98258**

CDL ☐ RESTRICTIONS ☐ ENDORSEMENTS ☐

DRIVER'S LICENSE # **SHIVEJM184L4** STATE **WA** SEX **F** D.O.B. **06** - **24** - **1982**

ON DUTY ☐ STATUS ☐ AIRBAG **2** RESTR. **4** EJECT **1** HELMET USE ☐ INJURY CLASS **1** NATURE OF INJURIES

LICENSE PLATE # **ATM0197** STATE **WA** VIN# **4S6CM58WXX4404436**

TRAILER PLATE # ☐ STATE ☐ TRAILER PLATE # ☐ STATE ☐

VEH. YEAR **1999** MAKE **HOND** MODEL **PASSPO** STYLE **UT** VEHICLE TOWED YES ☐ NO ☒ TOWED BY ☐ GOVT. VEHICLE YES ☐ NO ☒

REGISTERED OWNER INFO. OWNED BY DRIVER

LIABILITY INSURANCE IN EFFECT ☐ INSURANCE CO & POLICY # **NONE**

VEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION # **5Z0194340** CHARGE **NO INSURANCE**



UNIT 02 MOTOR VEHICLE ☒ PEDAL-CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER ☐ DAMAGE THRESHOLD MET YES ☒ NO ☐ PHONE **D: 4253597767**

LAST NAME **ADAMS** FIRST NAME **SARAH** MIDDLE INITIAL **S**

STREET NEW ADDRESS **10324 8 PL SE**

CITY **LAKE STEVENS** ST **WA** ZIP **98258**

CDL ☐ RESTRICTIONS ☐ ENDORSEMENTS ☐

DRIVER'S LICENSE # **ADAMSSS196J3** STATE **WA** SEX **F** D.O.B. **04** - **23** - **1981**

ON DUTY ☐ STATUS ☐ AIRBAG **2** RESTR. **4** EJECT **1** HELMET USE ☐ INJURY CLASS **1** NATURE OF INJURIES

LICENSE PLATE # **460ZPR** STATE **WA** VIN# **4S3BH635336307921**

TRAILER PLATE # ☐ STATE ☐ TRAILER PLATE # ☐ STATE ☐

VEH. YEAR **2003** MAKE **SUBA** MODEL **LEGACY** STYLE **SW** VEHICLE TOWED YES ☐ NO ☒ TOWED BY ☐ GOVT. VEHICLE YES ☐ NO ☒

REGISTERED OWNER INFO. OWNED BY DRIVER

LIABILITY INSURANCE IN EFFECT ☒ INSURANCE CO & POLICY # **NATIONWIDE AFFINITY INS CO OF AMERICA PPBM004148954-4**

VEHICLE LEGALLY STANDING YES ☒ NO ☐ CITATION # ☐ CHARGE ☐



OFFICER'S NAME (PRINT) **ROBERT MINER** BADGE OR ID # **095** AGENCY **WA0311900**



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E422520**

CASE # **15-01161**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		ADAMS MARTIN																
ADDRESS & PHONE #		10324 8 PL SE LAKE STEVENS WA 98258					SEX	M	D.O.B. MMDDYYYY	03	28	2014						
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	2	SEAT POS.	6	AIRBAG	2	RESTR.	5	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #							SEX		D.O.B. MMDDYYYY									
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #							SEX		D.O.B. MMDDYYYY									
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES

NARRATIVE

Unit #2 was stopped in traffic westbound on 20 ST SE in the 7500 block. Unit #1 was also westbound 20 ST SE behind Unit #2. Driver of Unit #1 looked away from the road to drink some coffee. Unit #1 did not see that Unit #2 was stopped in traffic. Unit #1 was unable to stop and rear ended Unit #2.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

ROBERT MINER

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

05-07-15 03:24 PM

DATED

PLACE SIGNED

APPROVED BY

ROBERT MINER 095

DATE

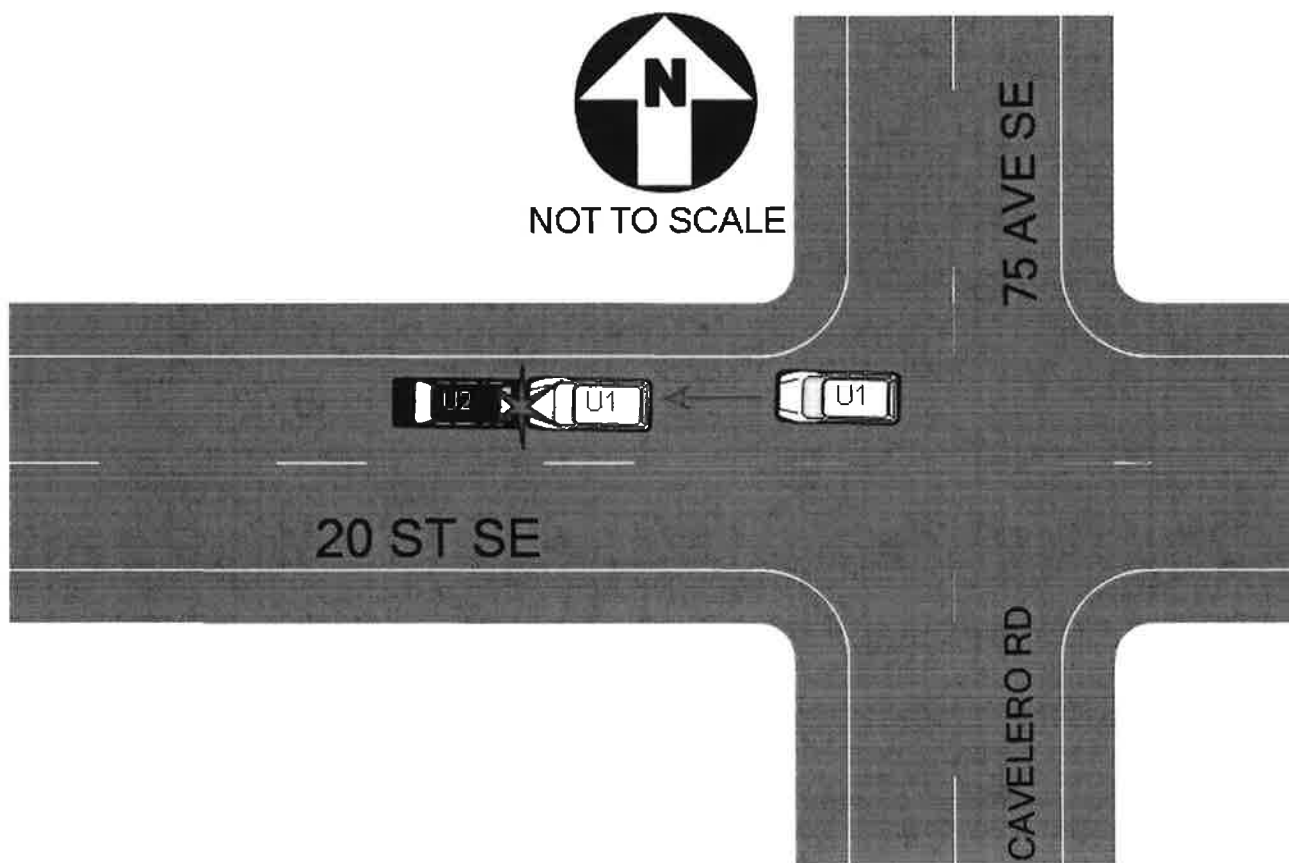
5/7/2015 3:25:18 PM

BADGE OR ID # **095**

ORI # **WA0311900**

TIME POLICE DISPATCHED **8:36 AM**

TIME POLICE ARRIVED **8:36 AM**



IN THE ☐ DISTRICT ☒ MUNICIPAL COURT OF LAKE STEVENS VIOLATION BUREAU LAKE STEVENS
 STATE OF WASHINGTON ☐ COUNTY OF ☒ CITY/TOWN OF LAKE STEVENS

THE UNDERSIGNED CERTIFIES AND SAYS THAT IN THE STATE OF WASHINGTON

PLAINTIFF VS. NAMED DEFENDANT

DRIVERS LICENSE NO. SHIVELUM184L4 STATE WA EXPIRES 06-24-16 PHOTO ID MATCHED ☒ YES ☐ NO NAME LAST SHIVELY FIRST JENNIFER MIDDLE MARIE SFX ☐ YES ☒ NO
 ADDRESS 11918 12TH ST SE CITY LAKE STEVENS STATE WA ZIP CODE 982589701

EMPLOYER DATE OF BIRTH 06-24-82 RACE W SEX F HEIGHT 502" WEIGHT 145 EYES HAZ HAIR RESIDENTIAL PHONE NO. (425)350-3655 CELL/PAGER PHONE NO. (425)350-3655 WORK PHONE NO.
 VIOLATION DATE 05/07/2015 09:08 INTERPRETER NEEDED AT LOCATION 20 ST SE REF. TRAFFICWAY BLOCK # 7100 CITY/COUNTY OF LAKE STEVENS/SNOHOMISH
 ON OR ABOUT 05/07/2015 09:08 LANG.

VEHICLE NO. ATM0197 STATE WA EXPIRES 03-05-16 VEH YR 1999 MAKE HONDA MODEL PASS TR #2 LIC NO. STATE WA EXPIRES TR YR
 OWNER/COMPANY IF OTHER THAN DRIVER JENNIFER M SHIVELY

ADDRESS 11918 12TH ST SE CITY LAKE STEVENS

ACCIDENT NO. COMMERCIAL VEHICLE ☒ YES ☐ NO 16+ ☒ YES ☐ NO HAZMAT ☒ YES ☐ NO EXEMPT VEHICLE ☐ FIRE ☐ LEA

VEH SPEED INA ZONE SMID SPACE AIRCRAFT
 1. VIOLATIONS/STATURE CODE 46.30.020 OP MOT VEH W/OUT INSURANCE PENALTY \$ 550.00

2. VIOLATIONS/STATURE CODE PENALTY \$

3. VIOLATIONS/STATURE CODE PENALTY \$

4. VIOLATIONS/STATURE CODE PENALTY \$

5. VIOLATIONS/STATURE CODE PENALTY \$

RELATED # DATE ISSUED 05-07-15 TOTAL PENALTY \$ 550.00

I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT I HAVE ISSUED THIS ON THE DATE AND AT THE LOCATION ABOVE, THAT I HAVE PROBABLE CAUSE TO BELIEVE THE ABOVE NAMED PERSON COMMITTED THE ABOVE OFFENSE(S), AND I AM ENTERING MY AUTHORIZED USER ID AND PASSWORD TO AUTHENTICATE IT.

OFFICER ROBERT MINER # 095 OFFICER

☒ TICKET SERVED ON VIOLATOR ☐ TICKET REFERRED TO PROSECUTOR
☐ TICKET SENT TO COURT FOR MAILING

NOTICE OF INFRACITION

This is a non-criminal offense for which you cannot go to jail.
 YOU MUST RESPOND WITHIN FIFTEEN (15) DAYS FROM THE DATE ISSUED.
 Your response must be postmarked by midnight of the day it is due at the court.

TRAFFIC NON-TRAFFIC
 If you do not respond or appear for court hearings:

The court will find that you committed the infracition.
 You may lose your driver's license privilege.
 Your penalty will be increased.

The court will find that you committed the infracition.
 It is a crime and will be treated accordingly.
 Your penalty may be increased.
 Failure to pay may result in a referral of your case to a collection agency.

Check one of the 3 boxes to the right, sign, date, and mail this form to:

Court contact information: LAKE STEVENS VIOLATION BUREAU
 Phone 1: (425)334-1012 PO BOX 257
 LAKE STEVENS WA 98258

☐ I have enclosed a check or money order, in U.S. funds, for the amount listed. I understand this will go on my driving record if "Traffic" is checked. DO NOT SEND CASH. NSF checks will be treated as failure to respond.
☐ Mitigation Hearing: I agree I have committed the infracition(s), but I want a hearing to explain the circumstances. Please send me a court date, and I promise to appear on that date. I know I can ask witnesses to appear but they are not required to appear. I understand this will go on my driving record if "Traffic" is checked. The court may allow time payments or reduce the penalty where allowed by law.
☐ Contested Hearing: I want to contest (challenge) this infracition. I did not commit the infracition. Please send me a court date, and I promise to appear on that date. The state must prove by a preponderance of the evidence that I committed the infracition. I know I can require (subpoena) witnesses, including the officer who wrote the ticket to attend the hearing. The court will tell me how to request a witness's appearance. I understand this will go on my driving record if I lose and "Traffic" is checked.

NOTICE: You may be able to enter into a payment plan with the court under RCW 46.63.110.

My mailing address is: (PLEASE PRINT)

Name: _____ Apt: _____
 Street or PO Box _____ State: _____ Zip Code: _____
 City: _____ Work: _____
 Telephone: Home: _____
☐ Is interpreter needed? Language: _____
 X: _____ (SIGNATURE) 520194340



LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER

15-1161

VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Adams, Sarah Suzanne	RACE W	ETH	SEX F	DOB 4/23/81	AGE 33	HGT 56	WGT 230	HAIR Br	EYES Br
STREET ADDRESS 10324 8th Pl SE		CITY Lk Stevens			STATE WA	ZIP 98258		RES. STATUS		
HOME PHONE -		CELL PHONE 425-359-7767			PLACE OF EMPLOYMENT Everett School District					
WORK PHONE		EMAIL ADDRESS								

I, Sarah Adams, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

Stop & Go traffic on 20th above trussle.
I was rear ended by a white honda passport,
going about 5 miles an hour.

Passanger Martin Adams born 3/28/14 in
car seat behind passanger seat.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: <i>Sarah Adams</i>	DATE SIGNED 5-7-15	LOCATION SIGNED 20th & Cavelero Lk. Stevens
OFFICER/NUMBER: <i>Minos</i>	DATE SIGNED 5/7/15	LOCATION SIGNED Lk Stevens

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

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LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER

15-1161

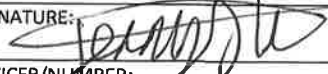
VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Shively Jennifer Marie	RACE W	ETH Cauc	SEX F	DOB 6-24-82	AGE 32	HGT 5-1	WGT 155	HAIR Brown	EYES Hazel
STREET ADDRESS 1918 12th St SE		CITY Lake Stevens			STATE WA		ZIP 98258		RES. STATUS	
HOME PHONE (425) 334-9708		CELL PHONE (425) 350-3655			PLACE OF EMPLOYMENT					
WORK PHONE		EMAIL ADDRESS momma2456@gmail.com								

I, Jennifer Shively, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

On 5/7/15 I was in stop and go traffic when I went to take a drink of my coffee, was traveling south onto the freeway at approximately 8:10 am I rear-ended Sarah in a green subaru going south. No damage or bodily damage made. Pulled over ^{Sarah} called 911 with her phone to have her son look and examined in backseat I am ok and ~~him~~ Sarah are ok if any medical attention needed will seek help. We both traded information and took pics of each others vehicles.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: 	DATE SIGNED 5/7-15	LOCATION SIGNED Lake Stevens
OFFICER/NUMBER: Miner	DATE SIGNED 5/7/15	LOCATION SIGNED ck Stevens

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE 1 OF 1

Closed	05/07/15	09:17:10
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Loc: 20 ST SE/CAVALERO RD , LKS (V)

Phone: 4257502213

, THE ONLY COL OUT THERE

/0917 CLOSE 19S13